

11 ✓

SYSTEMS OF ADMISSION AT HOSPITALS.

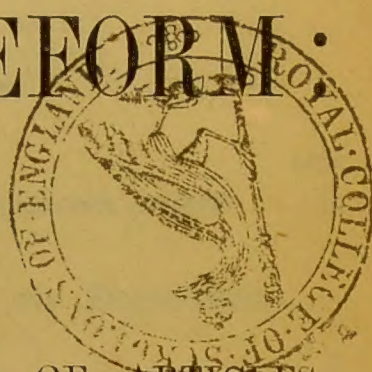


A

PLEA FOR REFORM.

BEING

A SELECTION FROM A SERIES OF ARTICLES
REPRINTED (BY PERMISSION)
FROM THE 'BIRMINGHAM DAILY POST.'



WITH A PREFACE.

PRICE THREEPENCE.

BIRMINGHAM:

PRINTED BY BENJAMIN HALL, No. 71, HIGH STREET.

1864.

TABLE OF CONTENTS.

CHAPTER	PAGE
I.—How and when Privileged Admissions Arose	1
II.—Evils of the System—Reply to Defenders	5
III.—Continuation	9
IV.—Positive Advantages of the Free Method	14
V.—Best Mode of Working a Privileged System	18
VI.—Model of a Modified Free Method	22
VII.—Machinery for Working Free Method	27

TABLE OF CONTENTS.

CHAPTER	PAGE
I.—HOW AND WHEN PRIVILEGED ADMISSIONS AROSE .	1
II.—EVILS OF THE SYSTEM—REPLY TO DEFENDERS OF DITTO.	5
III.—CONTINUATION	9
IV.—POSITIVE ADVANTAGES OF THE FREE METHOD .	14
V.—BEST MODE OF WORKING A PRIVILEGED SYSTEM .	18
VI.—MODEL OF A MODIFIED FREE METHOD . . .	22
VII.—MACHINERY FOR WORKING FREE METHOD . .	27

PREFACE.

THE frequent demand, both here and elsewhere, for a complete series of the Articles on 'Hospital Management' which have appeared during the past eight months in the *Daily Post* and *Journal* of this town, has induced me to republish, as an instalment, the following seven Articles, now arranged as Chapters.

All of them refer exclusively to the different systems of admission at Hospitals. The first originally stood at the head of a long series, occupied with various aspects of Hospital administration, financial and general. The next four are complete in themselves. The two final Chapters were also written as an independent series. But though thus disjointed, they are, in fact, in natural relationship with each other, and yield a full view of the opinions I have formed on that fundamental question of Hospital affairs—How is the admission of Patients to be regulated, so as to produce the maximum of good and the minimum of evil?

Since the month of May last year there has been a serious and somewhat painful controversy about a large number of points connected with the management of our Medical Charities. But the public mind has lately been directed, with a characteristic practical instinct, almost exclusively to this single question. Every one desires to know whether Hospitals are, in truth, abused by

relief being afforded to individuals well able to get through life without the aid of Charity—and if so abused, how the evil is to be got rid of. The reader of these Chapters will be at no loss to arrive at the opinion of their Author upon these two subjects. I well know, on the authority of my own large experience and of the concurrent testimony of medical men in Birmingham and the neighbourhood, that the abuse is real and increasing—that the remarks of Dr. MARKHAM, in his able paper on the 'Abuse of Hospitals,' before the Social Science Association in 1862—and the still more emphatic declaration of the Census Commissioners in their just published volume, are amply sustained by local observation. The Medical Press has constantly drawn attention to it, and ever in such terms as to indicate a sense of its reality being beyond discussion.

I just said that the evil is increasing, but this statement is not true of Birmingham at the present moment. The controversy has, for the time, dealt a severe blow at the abuse, in a great variety of ways. Hence, any information or evidence now proffered upon it is qualified by the changed relations of the whole affair. One of our Hospitals made an honest effort a short time ago to arrive at reliable data upon the question. New Tickets were issued, containing queries as to the earnings, &c., of the applicant, and the Subscribers were earnestly requested to fill them up. They, as a body, have failed to do so. I predicted in one of these Chapters several months before, that any effort in this direction would be, in the main, futile. But what has been the result of the controversy, and of the mere transmission of these Tickets? So far as I can judge from the published account

of the very interesting meeting when the discussion on them took place, the abuse has been greatly lessened. The Tickets had only been issued one month, and yet one of the ablest members of the Committee declared his opinion was, 'that they were tending to diminish the number of Patients very much; and that, he thought, *was a fact worth recording.*' This is the whole fact! Its significance will become apparent at all our Institutions in course of time.

It is my hope that these pages may contribute something to the better appreciation of this matter, and aid those who sincerely desire to see a widely-diffused social wrong permanently diminished.

I have much gratification in reflecting that I am here, at one and the same time, upholding the value of public charities, the best interests of the poor, and the welfare of that profession whose chief pride it is that their succour is never withheld from those who stand in need of it.

One word as to the manner of these Essays. More than common provocation has been given to their Author, both in private and in public, to write upon Hospital Reform in an angry spirit. I have sought, however, on all occasions to declare my sentiments freely, with the least amount of personal allusion. How far I have succeeded, it is not for me to say—but the public have now an opportunity of judging for themselves.

THE AUTHOR.

March 7, 1864.

CHAPTER I.

The medical attendance upon the sick poor was a subject of deep interest to the philanthropist, long before this word became the symbol of a party, or Houses of Parliament considered the care of the poor a matter for legislative enactments. In the most ancient times it would seem that physicians were content to derive their living from the rich, and to give life, without fee or reward, to the needy. This tradition has not died away in the profession of medicine, but is, in truth, the basis of the feeling of repulsion now animating medical men for any doctrines which would place their relations with the public upon the same foundation as that which regulates those of other callings.

At a later age the Church Catholic took effective cognizance of the sick poor, and, perhaps, the amount of care bestowed upon them was never greater than during the mediæval period. After a minute examination of this difficult subject, we have not been able to find that a letter of recommendation was ever poked through the monastic grate of Glastonbury or Netley, or that the biggest of barons, dissatisfied with the power of life and death over his vassals, and unlimited control over his fish, flesh, and fowl, ever contemplated so great an extension of his privileges as to tell the good man of the abbey whom to relieve and whom to send empty away. This latter state of things was reserved for a time when men love to bestow alms by Act of Parliament only, to let out churches to popular preachers and pay handsomely for sittings therein, to gain credit with newspapers and biographers for subscriptions to so-called charities, such contributions enabling them to step with defiant air between the dispensers of the needful help and the proper recipients thereof. The Hospitals of St. Bartholomew and of St. Thomas, in London, arose from the spoliation or, more politely, the appropriation of monies belonging to religious communities. But there is a strange vitality in some things, both good and evil; and if medical science has here usurped the place of pious exercises, at least, that science is free to all who claim its help. The old spirit presiding over the distribution of medical aid is seen in the very names of existing Hospitals. In Paris, and in many of the chief towns of France, the leading Hospital is nobly called the Hôtel Dieu—for surely it is doing the

CHAPTER I.

THE medical attendance upon the sick poor was a subject of deep interest to the philanthropist, long before this word became the symbol of a party, or Houses of Parliament considered the care of the poor a matter for legislative enactments. In the most ancient times it would seem that physicians were content to derive their living from the rich, and to give life, without fee or reward, to the needy. This tradition has not died away in the profession of medicine, but is, in truth, the basis of the feeling of repulsion now animating medical men for any doctrines which would place their relations with the public upon the same foundation as that which regulates those of other callings.

At a later age the Church Catholic took effective cognizance of the sick poor, and, perhaps, the amount of care bestowed upon them was never greater than during the mediæval period. After a minute examination of this difficult subject, we have not been able to find that a letter of recommendation was ever poked through the monastic grate of Glastonbury or Netley, or that the biggest of barons, dissatisfied with the power of life and death over his vassals, and unlimited control over his fish, flesh, and fowl, ever contemplated so great an extension of his privileges as to tell the good man of the abbey whom to relieve and whom to send empty away. This latter state of things was reserved for a time when men love to bestow alms by Act of Parliament only, to let out churches to popular preachers and pay handsomely for sittings therein, to gain credit with newspapers and biographers for subscriptions to so-called charities, such contributions enabling them to step with defiant air between the dispensers of the needful help and the proper recipients thereof. The Hospitals of St. Bartholomew and of St. Thomas, in London, arose from the spoliation or, more politely, the appropriation of moneys belonging to religious communities. But there is a strange vitality in some things, both good and evil; and if medical science has here usurped the place of pious exercises, at least, that science is free to all who claim its help. The old spirit presiding over the distribution of medical aid is seen in the very names of existing Hospitals. In Paris, and in many of the chief towns of France, the leading Hospital is nobly called the Hôtel Dieu—for surely it is doing the

work of the Creator to assist those who cannot assist themselves. In Berlin, as well as in Paris, there are great Hospitals affectingly named *La Charité*. In Stockholm the City Hospital is termed the *Seraphim*.

So far as Great Britain is concerned, nearly the only relic, out of London, of the ancient feeling in reference to Hospitals, is to be found in Scotland. It has been the happy lot of a Presbyterian country to preserve the traditions of the Catholic age in Hospital affairs. Whether the blistering attacks upon Scottish prejudices by the late Mr. BUCKLE have produced an effect upon our friends in the North, we shall not stop to inquire, but the contributors to the Royal Infirmary of Edinburgh, the acknowledged head and the freest of British Medical Institutions, have in their last report used that once hated word, 'Catholic' in their concluding sentences. 'They impress upon every class the duty of contributing according to their means, to this the most truly Catholic and the least liable to abuse of our public institutions. *The poor may be reminded that it opens its doors alike to all*.' In these last humane words peeps out the spirit of that system which survived the murder of the Archbishop of St. Andrews, and will survive many another phase of polity and priestcraft, for it is based upon the natural sympathies subsisting between loving human souls and objects of compassion.

We owe much to the Hanoverian Succession that can hardly be termed creditable either to kings or people. With this era hunting parsons and proprietary chapels, corrupt legislators and military mercenaries, privileged charities and royal infirmaries appear, either for the first time or in great force, on the British stage. The saints made way for Lady Surrolo, and St. George came to mean another than he who killed the dragon. The rich old bookseller, Guy, gave his name to the institution he founded. Hospitals came to be aids to the rich for the disposal of their servants and dependents, not receptacles for the poor in their distress. They were named after the localities in which they were situated or the schools they were connected with. In London, in place of St. Thomas and St. Bartholomew, we find the Westminster, the London, the Great Northern, the King's College, University College Hospitals. Only the recently-founded charity, the offspring of a more earnest age, dedicated to St. Mary, reminds us of those good women who first accepted that Gospel whose sublimest precept is, 'Love thy neighbour as thyself.'

It was in the provinces, however, that the vicious change of feeling upon the relations of the poor to the rich became most manifest. With a very few exceptions the whole County Infirmaries and Hospitals of large towns in this country were founded in the eighteenth century. This may be called the century of provincial hospitals and spurious charity. The

thoroughly cold, superficial, and non-national spirit which history has declared to be the characteristic of that age, is seen nowhere better than in the matter now before us. We believe there is not one of these Institutions, rich or poor, in a paltry country town, or in the largest city, which is not based upon the truly ignoble principle, that as a man subscribes, so is he privileged to send his friends or dependents to an institution which assumes before the public, and loudly protests itself to be a—charity! The great Infirmary of Edinburgh has read its duty very differently, and declares on the fly-leaf of its reports, 'That the selection of patients who are to be admitted, shall be regulated solely by a regard to the relative urgency and severity of their ailments.' It is no wonder that an Institution based upon principles of such self-evident right, is one of the finest charities in Christendom; that its subscription list, in a town of moderate dimensions, forms a very considerable book, which is still more remarkable for the number of subscribers than for the amount subscribed—the true test of the appreciation of a charity; that it can spend £14,000 in one year, and afford to have a total of in-patients which makes some of the largest hospitals in England sound small by comparison.

The system of privileged admissions is so completely bad in every conceivable aspect, that the moral sense of medical officers and managers has rebelled against it. But not merely has this revolt taken place in the detailed work of the hospitals, under the immediate pressure of serious cases applying without tickets—the whole thing has been systematised. Privileges have been retained, subscriptions have been still invoked with definite privileges annexed thereto; the world, however, has been carefully informed that accidents and urgent cases are admitted free. The result of this compound method has been in most hospitals—exactly what any man of ordinary business capacity might have predicted—never-ending debt, constant change in the privileges, the most absurd confusion. People have been asked to subscribe because the hospital took in bad urgent cases, the subscriptions themselves, according to the authorities, being below the cost of the privileged cases. The cost of tickets has been continually changed, not because any proof was ever adduced that they cost what was pretended, but because in endeavouring to fulfil the function of a hospital, in answering the hourly summons of suffering humanity in defiance of privilege, the institution had got deeply into debt. Not one man concerned in hospital administration has yet arisen in this town of sufficient moral courage to declare that such a system as this is unworkable on a large scale, although the belief in its impracticability is growing every day. A perfectly free system is the only one admissible by reason or true charity. An exclusively privileged system is defensible on financial grounds.

A mixed system, with a large infusion of the free element, is a moral wrong and a pecuniary impossibility. Various grades of wisdom have been displayed in the management of this mixed system, and hence very different financial results have occurred. To these results, and other points connected with them, we shall recur in a few days.

Before discussing, however, the minor aspects of these questions, we desire to draw attention to the fact that a privileged system has two incurable defects, which suffice alone to condemn it. It is incompatible with both of those principles which underlie all sound hospital administration, and from which all the minor details can be deduced. These principles are, that a hospital should do the largest amount of good possible to the greatest number among the community, and the largest amount of benefit possible to every individual admitted. These two fertile rules of action are generally strictly harmonious. In carrying out one, the other is also brought into operation, but occasionally they are in opposition. For instance, it is very right to take in as many accidents and urgent surgical cases as possible; but supposing that the state of the wards of a given hospital is so bad at a particular time that every case admitted runs imminent danger of catching formidable maladies, directly tending to death—it is certain that every non-professional man will say let those wards be thinned. If that measure be insufficient, let them be closed. If still an amputated leg becomes infected with a frightful disease, which would not have occurred had the individual been placed under canvass on the dreariest pit-bank in South Staffordshire, a wise governor would say let the hospital be closed for a time rather than evil be done—for man must not wrong his fellow-man.

In another mode the privileged system brings about similar results in every hospital. It admits persons who are not fit objects in a pecuniary sense, who are incurable, labouring under exceedingly chronic or exceedingly trivial diseases, and therefore prevents good being done to a larger number, and who require it more. In other words, it contravenes the principles above enunciated, which seem to us surely true, as they spring in the most direct manner from the Christian precept above quoted. A better day is approaching. *Lux luget in tenebris*. The light of freedom has penetrated all the recesses of civilized life. Man is free—Religion is free—Trade is free. We shall yet live to see Charity free.

a mixed system with a large infusion of the free element is morally wrong and a pecuniary impossibility. Various kinds of boxes have been displayed in the management of this mixed system and hence very different financial results have occurred. To these results and other points connected with them, we shall recur in a few days.

CHAPTER II.
Before discussing the Hospital question, we desire to draw attention to the fact that a privileged system has two incalculable defects which render it unworkable. It is incompatible with both of those principles which underlie all articles on Hospitals, published in these columns during the months of August and September, we were mainly concerned with the financial side of their management, and demonstrated that a large Hospital, to a great degree unendowed, can exist and flourish without a privileged list of subscribers. We also showed that the attempt to combine a privileged system with a large infusion of the free element is invariably attended with confusion and disaster, unless, as in Manchester, there is a very considerable free income. This result, in fact, flows as a matter of course from the conditions above given. The three great characteristics of the General Hospital in this town during the past ten years have been a marked increase of the subscription list, even to the extent of being doubled, a very gradual and slight annual augmentation of the free income, and an enormous increase of the free patients. These conditions constitute an unworkable combination, and necessitate a constant state of indebtedness. The result is now obvious to every one. The largest gifts—the collections—the Festival proceeds—have practically no effect upon this state, for it depends upon permanent causes inherent in the Hospital system. Let us give the last, though it is by no means the most striking illustration of this anomaly—and we will give it in the very words of the Auditors' Report for this year. The past financial year commenced with a balance due to the Treasurers (on the ordinary account) of £4,943. Notwithstanding the receipt during the year of £8,003 from the Congregational Collections, it closes with a deficit of £4,970. Page 9. Nothing occurred during this year, in the way of increase of patients, to account for this; on the contrary, there were only fifty-two more in-patients than in the year previous; and the number of beds daily occupied was less than in any year since 1858. A system which brings about such financial results as these stands condemned in the eyes of every man of sound mind.

But not to enter further at present upon this aspect of the Hospital question, it is surely time to ask whether the present mode of admission has anything to do with these humiliating circumstances—whether there is not something wrong at the very foundation, which vitiates the whole superstructure? We

know full well that the wrong consists in the simple fact that the Hospital authorities admit an ever-increasing number of urgent cases, while they make great and successful exertions to augment their subscription list—every addition to which gives to another individual the ‘authority’ to send to the Hospital cases not unfrequently unfit for Hospital treatment. If no privileges were annexed to the subscription list, and an unbiassed judgment were brought to bear upon the admission of patients, that judgment being itself guided by definite regulations, the present state of affairs could not exist. Under such circumstances, the Hospital would only admit those who really needed Hospital assistance. The yearly admissions could be made to tally precisely with the yearly income. The managers could then say to their supporters—‘Give us your money in such proportion as you deem fit. Let us have it unfettered. We will make it *our duty* to admit as large a number of proper persons, annually, as your gifts will permit. Beyond this we, like other charities, will not go. Should your contributions fail to meet the genuine demands of the Hospital population, we shall, from time to time, make appeals to the general public, based upon incontrovertible facts.’ This language would be intelligible and convincing. A whole population, rich and poor, young and old, town and country, would support an Institution which spoke out in this wise, just as the people of the Canongate and Charlotte Square respond to the appeals of the Edinburgh Infirmary. Why then is a privileged subscription list retained? The answer is the very ancient one—because it exists. This answer is variously cloaked—and we will now discuss the various forms the disguise assumes, and also consider what can be urged in favour of the respective systems of admission.

1.—It is stated that a Hospital cannot flourish if the subscribers possess no privileges—to which we reply that the Edinburgh Free Hospital has a much larger subscription list than the Glasgow privileged Infirmary; that the Royal Free Hospital in London has a larger subscription list than many much older Metropolitan Hospitals; that the Free Hospital for Children in this town has a more considerable subscription list in its second year than several Birmingham medical charities had after thirty years’ existence—as much as the General Hospital obtained for some years after its opening—or as the General Dispensary had arrived at after nearly twenty years of labour. But how do charities of another nature, educational and general, maintain their existence—where privileges are either wanting or of a merely nominal kind? Is it really true that the people of this town contribute their money to charities for the purpose of obtaining a ‘privilege?’ Was this the motive which prompted the gifts to the Coventry weavers—to the poor Indian rice growers—or to the Lancashire spinners? We all know the

answer that the generous men and women of Birmingham would give to such questions, and we add no more to this branch of the subject. We firmly believe that within four years of the abolition of the privileges, the subscription list to the Birmingham General Hospital would be the largest of any charity in this kingdom.

2.—It is stated that it is agreeable to subscribers to possess the power of recommending persons known to them, for Hospital relief; that it is quite natural they should prefer to serve such persons rather than those whose faces they have never seen, who may live in another town, or perhaps in another county. We reply that this is the very reason why subscribers should not retain their privileges. Human nature is weak, and, doubtless, every man who enjoys a privilege loves to exert it, and does, in fact, exert it on behalf of those whom he knows or who are brought under his notice by his friends. This is indisputable, and hence the necessity for withholding these privileges.

Do the persons who argue after this fashion feel quite sure that they know why a Hospital exists? It was founded and is maintained to give medical advice, medicines, and, if necessary, sustenance to *poor* people suffering under maladies, or the effects of accidents, *susceptible of relief or cure*. As almost all our British Hospitals have but scanty funds, the aim of the directors is—the admission of the worst cases occurring among the poorest of the community, above the position of actual pauperism. These should have a natural preference, founded on their maladies and upon their pecuniary circumstances combined. But the privileged subscriber, it is alleged, possesses a 'natural preference' too. Unhappily his predilections act daily in such a manner as to precisely antagonize the intentions of the Hospital, and to bar the way to the admission of the more proper applicants. In some respects this injustice is actually forced upon him by the system, for he may endeavour to give his recommendation to a moderately fit person, but who might happen, and does constantly happen, to be on any particular day far less fit than many others who do not possess the privileged ticket. The more frequently such an event comes about, the more completely is the proper object of the Hospital frustrated, for this ever contemplates the diffusion of its benefits *over the fittest persons who may want them*. This is a principle of natural justice, and the more closely the Institution acts upon it, is its true function carried out. Let, then, subscribers do their utmost in practising care in the use of their notes—they, yet, may be perpetrating a cruel injury, in spite of themselves. But should they be heedless of the discriminating employment of their privileges, what occurs, in consequence, to the Hospital and to the poor? The Institution becomes a receptacle for chronic cases—for incurable cases of advanced consumption and cancer—

for trivial sore legs and hysterical ailments. The actual results of the admission of consumption cases can be understood from the elaborate statistical report of Guy's Hospital for 1862: 181 were admitted, of these not one was cured, 25 were unrelieved, 4 were discharged from other causes, 89 were given as 'relieved,' and 63 died! There is no column in Hospital statistics showing how many patients are made worse by being incarcerated in close wards. If such a column existed, many British Hospitals would cease to exist, and all would be radically changed. Does any man believe that Hospitals are supported by the intelligent and charitable to produce such statistics as these? They are intended for the cure or substantial relief of curable cases—but while a body of gentlemen will send notes of recommendation by improper persons, they must not be surprised if improper persons form a large portion of the Hospital patients. Guy's Hospital is so rich that the difficulty of the Governors seems to be to expend the money at their disposal. Yet, among 5,371 in-patients only 181 cases of consumption were admitted, a number greatly less than the average of the same cases, in proportion to total number of individual in-patients, admitted during the last four years to the wards of the General Hospital. Here the funds are so moderate that every shilling should be expended upon objects the most susceptible of genuine improvement. The privileged system is all but exclusively responsible for the actual state of things in this point of view. No medical officer would be so inhuman as to take in incurable cases while urgent curable cases are pressing for admission; if the former did not present themselves under what the General Hospital auditors term the *authority* of a subscriber's ticket? How is Guy's Hospital performing its duty in these particulars? We are told in the report that the number of persons rejected or refused admission has been proportionately greater than in any former year, *not so much for the want of the necessary accommodation, as from their diseases being either of a too trivial character for admission, or from their being altogether beyond the hope of relief.* This kind of administration is possible in Guy's, the Hospital being endowed, and all the admissions free. Here, as the able superintendent writes us, 'there are no governors' recommendations,' and there need be none in Hospitals with no, or very small, endowment—as in Edinburgh, the London Royal Free Hospital, &c. Let the inherent wrongfulness of the privileged ticket system be once thoroughly understood by the public, and it will speedily be insisted on that all Hospitals be free, and all to the poor and needy.

and the medical officer will be able to select the most suitable cases for admission, and the public will be able to see that the Hospital is not a place where the poor are kept, but a place where the poor are cured.

CHAPTER III.

We showed last week that Hospitals can flourish without a privileged subscription list, and that the admission of improper cases, in a medical sense, is mainly connected with it. We now proceed with our task.

3.—It is stated that a man contributing to an institution would be more likely to take care that the charity was not abused by its benefits being conferred on persons in good circumstances, than ordinary householders, or the medical men in charge of the institution. This would be perfectly true if there were a dividend payable annually to the subscribers after all the necessary expenses were disbursed. But in this case the interest of the subscriber is limited to the particular person he recommends. He exercises this privilege, as is confessed by its defenders, in the manner most agreeable to himself and to his friends. It is quite certain that a man who has purchased a privilege is more likely to insist on its unfettered exercise than an individual who has it bestowed upon him for certain formal purposes. The teaching of experience is decisive on this point. The Special Hospitals of London, giving very costly privileges to its subscribers, are, by universal consent, the most abused in this kingdom. The Chairman of the Royal Free Hospital lately told us that he had only seen one person in its wards unfit from his position in life, and he had fallen into a state of degradation and *delirium tremens* from continuous intoxication. Those who have had the opportunity of observing the operations of free and privileged charities can only speak with one accord on this matter. We wish some of the gentlemen who really desire to obtain information, would visit the privileged charities of this town, and then take means to know the working of such an institution as the Edinburgh Infirmary. We have an intimate personal knowledge of the fact that the most strictly privileged charity in this town, where an urgent case is altogether unknown, is more abused than any of the larger medical institutions in Birmingham. And such is the natural fruit of the privileged system.

4.—But it is stated that if improper persons in the pecuniary sense obtain admission through a subscriber's ticket, it is the fault of the medical men; that the subscriber desires an inquiry should

be made, and is willing to abide by it. We applaud the medical officers of our charities that they have never undertaken this task. The public may rely upon it that they will not investigate the circumstances of applicants; for with that point they have nothing to do. If the subscriber sends a ticket with an improper person, the responsibility is his. For, does he not solemnly affirm, in reference to the person recommended, on most of the tickets he signs, 'whom I believe to be a proper object of charity? If he believes his affirmation to be correct, he would not relish his patient being sent back. If he knows it is untrue, he would be still less pleased, for no man likes to be found out. He need not, however, be alarmed. No inquiry is made. *bona fide*—

iii We especially desire to dispel the delusion that subscribers' tickets are sent back from any other cause than the hospitals being full. The exceptions are so few that they need not be alluded to, and these date back a wonderfully short period—perhaps three months. If the patient presents an *out-patient's* note, we can aver that we never heard of such a person being repulsed on any grounds whatever, in any institution in this town, before the last few weeks. The most convincing proof of this is to be found in the circumstance that nearly all the *accessible* out-patients' notes at our Institutions are actually employed. The belief that medical officers will prefer to annoy a subscriber and his nominee rather than prescribe for an improper person is simply absurd. It is a much shorter and more gracious task to investigate his case than his circumstances, and giving *admission*—

—iv It is stated that the sole thing wanted is the application of a suitable machinery of inquiry at Hospitals for all cases, free and privileged. To this we reply that, supposing subscribers consented to it, the difficulty would not be met; for the nominees of the subscriber would come with a weight in his favour which would practically give him a decided preference. We must take into consideration the failings of human nature, and fairly reflect upon the tendency of all men not to offend those on whom their livelihood may depend. Should, however, this difficulty be obviated, the medical difficulty remains. It is a fact beyond contradiction, that a person presenting a ticket from a subscriber is pretty sure to be admitted into the wards, unless they are at the time nearly full. Selection of cases on the grounds of relative medical urgency is therefore abolished. Here is the solid touchstone of the system. Here is an insoluble difficulty, for any other than a free system. No man in his senses denies that the ideal of a hospital admission system includes the notion that the fittest persons should be always sure of reception, and the least fit should be excluded. The pure privileged system positively inverts this ideal; the mixed method tends in the same direction, in proportion to the dominance of its respective constituents, and

to the *independence of the personnel* at the time. That, however, is the best government which depends least upon the qualities of the rulers. We earnestly ask our readers to recollect that the selection difficulty, as regards relative urgency, and the embarrassment arising from the application of absolutely unfit persons in the medical sense, are insuperable on any system but a purely free admission. It is to no purpose to talk of a subscriber's desire that an unbiassed judgment should be exercised on his recommendation. Officials will ever respect his hidden feelings rather than his expressed wishes.

6.—It is stated that experience favours a mixed free and privileged admission—that the former gives ingress to urgent, in other words, proper cases, while the latter allows those who support the Institution, the pleasure of sending in, 'under the authority' of their notes, such persons as they may deem fit. This is, we confess, the most extraordinary position of all, and the least tenable. We recognize in it the voice of conscience, tempered by the tones of the money-changer. If the privileged system offers the best path by which a patient can approach the charity, it should be the path for all. But it may be objected that there is, at most Hospitals, a free income derived from donations, legacies, and casual sources, and that this may be properly allocated to the use of urgent cases. We answer that such moneys should be employed by the managers in increasing the subscribers' privileges, if they are the right persons to send people to the Hospital. As the free income increases, a committee should state to the subscribers, in the annual report, something like the following: 'We are now richer than a few years ago. Hitherto you have only enjoyed one in-patient's ticket for two guineas. We can now afford to give you two. We trust to extend your privileges still further in coming years, for we recognize the thorough fitness of the patients you send us, and the care displayed by you in the exercise of your powers.' We suppose that most people would be a little scandalized at such a proceeding, as it is no secret among well-to-do people that there is a considerable number of poor creatures, labouring under the severest maladies, who know absolutely no individual in the wide world to whom they could apply for a costly in-patient's ticket, or who would give one if the application were made to him by such a person. The prominence which all privileged Hospital managers give to the free admissions, the just congratulations with which they inform their annual meetings that the number is yearly increasing, betray in plainest language the real state of the case. They know that such admissions show the true usefulness of the Institution, and its ability to partially neutralize the ill effects of the older method. It cannot be put in better

language than in that of the General Hospital Auditors (1860):—
 'Few will dispute the position, that the free relief of sufferers by accidents, and of cases of extreme medical urgency, is at once the *primary* function of this great Institution, and the noblest *'privilege'* of those who support it.' Alas! that a *secondary* function is assigned to subscribers—that of sending in 'additional patients'—and that they consent to give up their noblest privilege—that of supporting solely from charitable motives a beneficent Institution, in favour of the sorry gain from a recommendation ticket. Let it then be clearly understood that the much boasted existence of a large free admission of the confessedly fittest cases, is an implied condemnation of any other form of admission, for every case admitted should be the fittest on the particular day of application. ~~of improper admission to foster the admission of~~
 997.—It is stated that under the privileged system an employer of labour, or a private gentleman, is enabled at any time to obtain the advantage of Hospital treatment for his workmen, or to separate from his family, without delay, a case of contagious disease, &c. The fact is precisely otherwise. Under a free system this would certainly occur. The ability of every man in this town to send a fit case to the Hospitals would be more than doubled. The power of every man to send an unfit case would be annihilated. All that any one has the right to ask would be freely given to him. What no one ought to desire would be taken away. The manufacturers of this town will yet learn that a Free Hospital alone gives them a guarantee for the admission of every proper case that may need its treatment, and that a privileged Hospital is so constituted as to offer the greatest known barrier to such a security.

8.—It is hinted, rather than openly stated, that there is something inherently good in the privileged system—that, in short, it is the right mode of filling Hospitals with patients—and that, apart from all financial considerations, no better mode can be suggested. Do the persons who argue thus, believe that it would be to the benefit of the sick poor that the sixty governors of Guy's Hospital should vote for themselves and friends 6,000 in-patient tickets, instead of giving to their able executive the right, at all hours, to admit the fittest persons into their wards? The Guy's method seems to have had some attraction for the benevolent rich, for wealthy as was the Charity from the £220,000 bequeathed by Mr. Guy, Mr. Hunt left the governors, in 1829, £200,000 more. The gift was unfettered—the noble system was maintained intact. The neighbours of the worthy man in the little town of Petersham, obtained no exclusive privilege—but the common benefit was alone regarded. If a Birmingham citizen bequeathed £3,000 per annum for the endowment of a Hospital, in the suburbs of the town, containing 100 beds, would it be

thought anything but an unspeakable degradation of the legacy; if (the condition were annexed that certain persons paying beyond a given sum to the rates, or living within a certain radius of the Institution) should enjoy the right of recommending patients? Is any man ignorant of what the destiny of that Hospital would be? It would be a disgrace to the town instead of a blessing? That truth is, there is but one reason for a Hospital being established on the privilege system! It was deemed necessary to offer a bribe to subscribers! There is but one reason for its maintenance. It is feared by persons of moderate knowledge of the history of Charities that the withdrawal of the privileges would ruin the subscription list. It is an implied condemnation of the system. Experience demonstrates that the privileges of subscribers necessarily tend to foster the admission of improper persons, and to offer an obstacle to those who are fit. The results of the free system are in the contrary direction. It is liable to be abused. But its crowning merit consists in the circumstance that its abuses can be rectified, while privileged tickets are attended with incurable evils.

to such a security.

8.—It is hinted, rather than openly stated, that there is something inherently good in the privileged system—that in short, it is the right mode of fitting Hospitals with patients—and that apart from all financial considerations, no better mode can be suggested. Do the persons who argue thus believe that it would be to the benefit of the sick poor that the sixty governors of Guy's Hospital should vote for themselves and friends 61,000 in-patient tickets, instead of giving to their able executive the right at all hours to admit the fittest persons into their wards? The Guy's method seems to have had some attraction for the benevolent rich, for wealthy as was the Charity from the £220,000 bequeathed by Mr. Guy, Mr. Hunt left the governors in 1829, £200,000 more. The gift was unfettered—the noble system was maintained intact. The neighbourhood of the wealthy town in the little town of Putney, obtained no exclusive privilege—but the common benefit was alone regarded. The Birmingham infirmary bequeathed £8,000 per annum for the endowment of a Hospital, in the suburbs of the town, containing 100 beds, would it be

CHAPTER IV.

We were mainly occupied last Wednesday in drawing off the flimsy disguises which have been thrown over the privileged system, by those who are unwilling to confess frankly that the main argument for its maintenance is contained in the phrase, 'whatever is, is best,' combined with the fear—a most ungrounded fear—that the generous instincts of our citizens are inadequate to the support of the medical charities. We now proceed to mention briefly the peculiar advantages of the free system.

9.—The free admission plan allows *every case* to be admitted on its merits—without delay or difficulty. Where this system is in operation the patient is alone considered. The rule of the Free Hospital for Children in Edinburgh states that 'distitution and suffering from illness or disease shall be the proper recommendations to the benefits of the Hospital.' Such a rule by no means precludes a benefactor or contributor from commending a particular patient to the care of the institution, but it is carefully provided that he shall only be preferred to fill a vacancy, 'other circumstances being alike.' There is no imaginable wrong in this concession, when no privilege exists—no prescribed right, and it is termed in Birmingham, 'authority' to send in a patient, for which authority a definite sum has been paid. Those persons who confound a privileged ticket, existing as an integral part of the Hospital machinery, with such occasional benevolent recommendations as these, have yet to learn the rudiments of this question.

10.—The last characteristic is undoubtedly the great and peculiar glory of the free system, which no other can possibly possess; but only less important is the fact that it enables hospital authorities to exclude improper, trivial, or incurable cases, and even proper cases if relatively less urgent than other applicants. No modification of the privileged system can cope with this difficulty. All sorts of unworthy, unfit persons must be admitted through the medium of tickets. If the authorities and medical staff perform their duty, even moderately well, such cases do not gain admission at free charities. While human nature remains as it is, privileges, howsoever acquired, will be respected, and the public may rest assured that no official

declarations, no urgent entreaties to the medical staff, no anxious remonstrances with the subscribers will permanently diminish, much less destroy, this inherent abuse of the privileged notes. It is but too true that very improper persons become patients of free institutions—but this is the fault of the administration. Only a few days ago the police records of London mentioned a case of a girl who had ~~been robbed of~~ her gold watch and chain in Guy's Hospital waiting-room. Possibly a young lady who presented herself with such ornaments in a charity out-patient room, might have been the fittest conceivable patient for the earliest and closest hospital seclusion; but there is no doubt that many patients of free hospitals ought to be ashamed of their applications. Under a free system this, however, can be almost completely prevented by suitable regulations. As regards the admission of trivial or incurable cases, it is the exclusive fault of the medical officers if once such a case is admitted when the hospital is free. This particular abuse is best seen in some county infirmaries, for the most part very strictly privileged institutions. As a rule the more important and urgent a case, the sooner the patient leaves the hospital. If he has very little ailment, he goes in for the diet and six or eight weeks' idleness. If he is incurably ill, he desires to stop the full length of his ticket, and compassion often urges officials to allow him even to renew that ticket, for his death may be manifestly approaching, and it is hard to resist the beseechings of a dying man actually in the wards, however improper his original admission might have been. The length of stay of patients in some privileged institutions is almost a subject for a joke. Such hospitals are manifestly considered by the authorities rather as supplementary to the workhouse than as places of healing for the sick. Mr. Goodman tells us that twenty years ago the mean length of stay in the Gloucester Infirmary was 87 days. Even in Birmingham at that period it was 42 days. Last year it was 27½ days.* This is one of the precious results of the admission of more suitable cases than were admitted at the former period. We trust yet to have the whole body of Governors with us in carrying out to its logical conclusion the half-recognized free method of the General Hospital. In successive reports the auditors have drawn attention, with evident pleasure, to the constant increase of free patients, and in the Report for 1860, they embodied the striking remarks upon this subject, quoted by us last week. It will surprise many of our readers to learn that there were 309 more in-patients admitted with tickets in 1849 than in 1863, though the subscription list has more than doubled in that time. Such a fact as this throws a

* This figure was taken from the Auditors' Report; but, the calculation was evidently not based on the individual in-patients. Probably 24 days would be more nearly correct.

a broad glare of light upon the question of still further diminishing the subscribers' privileges on the ground of the subscribers' patients costing more than the subscription. It is beyond the reach of doubt that the large per-centage of subscribers' in-patient notes never sent in, gives a surplus, above the expenses of the ticket-patients, available for the use of the urgent cases admitted without ticket. In other words, a varying amount of the subscribers' annual contributions goes to the free cases. All that the reformers contend for, is the complete recognition of this altered state of things, inasmuch as the existing condition combines all the disadvantages of the privileged system, so far as it extends, with the least advantages of the free plan. This latter is becoming a part of the system of the hospital, without those safeguards and restrictions which should render it at once conducive to the interests of the institution and to the welfare of the poor. At the same time the maintenance of two radically diverse and incompatible systems keeps up perpetual debt and confusion.

11.—The free system not merely permits, but necessitates daily admissions and discharges. A specific day for these is characteristic of privileged institutions, and is attended with the most disastrous results both to the patient and to the institution. This arrangement is not absolutely essential to the privilege plan, but flows so naturally from it, that there are only one or two hospitals established on this basis where it does not exist. The absurdity of it is so great, that a looker-on must hear of an assigned day on which to take a patient under treatment, and on which to take him off the beef and bread of the Charity, as too ludicrous for belief. Unfortunately, however, the jest is a reality.

12.—On a perfectly free system a Hospital can be worked out of debt. All that the managers can do for the sums given by the public, they effect. ~~They attempt no more.~~ On a mixed free and privileged system, the managers enter into a contract with their subscribers to give them a certain *quid pro quo*. And, as we have already elsewhere repeatedly shown, they enter into a contract with their consciences that urgent, or proper, cases shall be at all times admitted. The latter contract they keep most honourably at the General Hospital. The former they have more and more been breaking for several years past. In the year 1848 there were only 497 in-patients admitted without tickets. In 1853 they had doubled (995). Last year they amounted to 1,310, within 44 of the ticket cases! There were 1,663 ticket cases admitted in 1849, and 1,759 in 1860. Last year there were only 1,354 such cases. Governors who will quietly allow this, and permit even a discussion of their privileges being greatly reduced, within three years of their last reduction, are surely ripe for their total abolition. It is manifestly the love of doing good which keeps up the hospital

subscription list, and in no degree a wish to exercise a privilege. We heartily desire the Weekly Board in Summer Lane had a little more confidence in the generous persons who have for so many years supported their administration with so much money and such implicit trust.

13.—On a free plan the authorities can empty a wing or an entire hospital, in a short time, in the event of the sanitary state demanding it. This is a matter in itself of first-rate importance. In privileged hospitals it is often difficult to effect this object. On the other hand, in times of great sickness or urgent epidemic malady, it is of the highest importance that the authorities should have the entire control of every bed in the wards. But if those beds are occupied with the ticket-patients—or, as the hospital auditors term them, 'additional patients'—the true aim of the charity is partly frustrated, and its powers of being useful proportionately impaired.

11.—The free system not merely permits, but necessitates daily admissions and discharges. A specific day for these is characteristic of privileged institutions, and is attended with the most disastrous results both to the patient and to the institution. This arrangement is not absolutely essential to the privileged plan, but flows so naturally from it that there are only one or two hospitals established on this basis where it does not exist. The absurdity of it is so great, that a doctor-on duty must bear of an emergency on which to take a patient under treatment, and on which he takes him off the bed and bread of the charity, as too ludicrous for belief. Unfortunately, however, the fact is a reality.

12.—On a perfectly free system a hospital can be worked out of debt. All that the managers can do for the same given by the public they collect. They attempt to make (in a mixed way) and privileged system, the managers enter into a contract with their subscribers to give them a certain sum per year. And as we have already elsewhere repeatedly shown, they enter into a contract with their conscience—that urgent or proper cases shall be at all times admitted. The latter contract they keep more honourably at the General Hospital. The former they have more and more been breaking for several years past. In the year 1848 there were only 497 in-patients admitted without tickets. In 1853 they had doubled (995). Last year they amounted to 1,310, within 44 of the ticket cases! There were 1,008 ticket cases admitted in 1849, and 1,759 in 1860. Last year there were only 1,334 such cases. Governors who will kindly allow this and permit even a discussion of their privileges being greatly reduced within three years of their last restriction are surely ripe for their total abolition. It is manifestly the loss of doing good which keeps up the hospital

CHAPTER V.

We have shown in previous articles the necessary evils of the privileged system, and the valuable fruits of the free method. Financially, medically, socially considered, the latter possesses advantages over its rival. It may be easily imagined, therefore, that we approach with reluctance a discussion of the best mode in which the former can be worked. But as it is our desire to give an impartial view of the whole subject, we shall make a few remarks upon this phase of the question.

14.—The privileged plan of admissions is so worked in this town as to get every conceivable injury therefrom. Let us take the General Hospital, where we see in a focus all the possible evils of the system, arranged with truly wonderful ingenuity. There is but one subscription list, dating from September, when the annual meeting is held. Within a few weeks from that date, generally beginning about the third week in October, the notes are sent out to the subscribers and life-governors. They are quickly distributed, so that practically by November all of them are in the hands of the proper parties. Authentic documents inform us that the first quarter of the year is the most unhealthy; next comes the last quarter. The most unhealthy months are January, February, March, and December. The Hospital arrangements bring then an artificial pressure upon the natural one exerted by the season. Crowds of poor creatures, altogether improper patients for the Hospital, are sent in by the subscribers, for they are of course constantly importuned for their notes, and the result is that in this inclement season, when the Institution should be as open as possible to the most urgent cases, a mass of chronic and more or less unrelievable cases flood the wards. Another evil is, that many people from every part of the town and the adjoining districts are necessarily sent back, who feel themselves aggrieved. We often saw during the winter months fifteen years ago, as many as from twelve to twenty sent back on a single Friday, who had come full of hope that they would be admitted into the wards. The most simple proceedings would remedy all this. At the Dispensary there are two annual distributions of the tickets, and the subscribers are arranged as Lady-day and Michaelmas subscribers. Another portion of the evil would be

remedied if the contributor, whether living in town or country, were obliged to inquire if the wards could contain his patient, before transmitting him to the Institution. This is done at many provincial Hospitals, and there is no reason why it should not be universal. Humanity and common sense alike suggest it.

15.—Perhaps the worst feature of the privileged system consists in the distinction between the in and out-patient notes. A subscriber to the General Hospital is supposed to know what makes a man fit for the wards, and what for the out-patients' division. It is not easy to discuss such an absurdity with becoming gravity. At Worcester the governors, under the able guidance of Mr. CURTLER, whose name we cannot mention without admiration, have learned that the destination of a patient is a difficult question (many variables and some constants being in the problem), which the directors can alone solve. A subscriber of one guinea has two tickets, and so on. It is not determined until the patient arrives at the Charity, whether he is to be an in or an out-patient. Minute regulations exist to save applicants inconvenience, and to define proper patients. This is the best privileged system that can be devised, for the more costly and important division is thus, within certain limits, at the discretion of the administration. It is peculiarly applicable to the Birmingham Hospital, the vast majority of whose patients come from within three or four miles' distance from the Institution. The Worcester Infirmary is the only hospital in the county, and is surrounded by a moderate population.* There are five general hospitals in Warwickshire, three being in Stratford, Coventry, and Leamington. There is, in fact, a perfect circle of hospitals round Birmingham, the large South Staffordshire one being scarcely thirteen miles distant from Summer Lane. Owing to causes we cannot here detail, the General Hospital is becoming more and more a local charity, depending on the town and its immediate neighbourhood for five miles, for its contributors and its patients. All these circumstances favour the Worcester method, which partially neutralises some of the evils of a vicious system.

16.—An excellent plan exists in the Liverpool Hospitals, whereby some other evils are obviated. We have now before us a ticket of the Northern Hospital. The first large words on it show that the Governors have arrived at some primary notions of administration—'Patients admitted daily.' Here is the law (65) verbatim—'That the patients be admitted and discharged every day (Sundays excepted) by the *physician and surgeon of the day*, at twelve o'clock, noon, and that the applicants for admission attend before that hour. That applicants and urgent cases of

* I find there is an Infirmary at Kidderminster containing 12 beds. In 1862 there were 30 in-patients.

disease be admitted at all hours of the day and night? In the General Hospital, patients are supposed to require treatment, and no longer to need it, at exactly twelve o'clock every Friday—a very unlucky day for the charity. It is capable of demonstration that the Liverpool plan would save the Governors a great sum per annum. In Liverpool, as the Chairman obligingly informs us, the contributor has an unlimited right to send patients. Three forms are sent to him annually with the report, but he may send in patients on written forms, or by obtaining more printed notes. The result of this is excellent. Of course selection is indispensable in these conditions; so that last year there were 1,718 in-patients without ticket, and only 953 with it. In Newcastle the subscribers do not receive their out-patient tickets, although they have only a single ticket for one guinea. Even this is not sent until direct application is made. The cunning men in the North know that the effect of this would be to diminish the indiscriminate and hasty signing of a ticket for any one who applied for it. In the best regulated privileged Hospitals there is no assigned period of termination of a ticket, though all define a time beyond which a patient shall not stay in the wards without full investigation of the reasons. It is a precious advantage of the free system that the officers can discharge a patient at any moment that his case may permit, without incurring annoyance. In this way a great saving is effected. In the General Hospital this is all arranged on a wrong method, and worse than all, the patient is compelled to get a 'renewed note' when the period of the first is expired. Very few, about half-a-dozen, of the provincial Hospitals enact this folly as regards in-patients. It springs from the radical defect of our views in Birmingham. The subscribers have been taught that they get so much on a particular scale. If the patient wants more, the subscriber must find it. This is the theory. The good sense of committees continually resists it in practice, so that they renew the term *ad libitum*. But it is a blot upon the system, and is altogether peculiar to it. It has no place, of course, where the subscribers have no privileges.

17.—We cannot dilate further upon useful modifications of privileged admissions, though there is much more to be said. The spirit of the discussions in this town has completely denaturalized a plain matter. That spirit has arisen from the Hospital Laws, which declare that subscribers shall 'have the privilege of recommending in and out-patients according to the following scale.' This scale is peculiar to the General Hospital and its local imitators. It has taught contributors to look for an exact equivalent for their money, which is not exactly 'systematic beneficence.' Thus, the endless and truly painful debates upon limitation of privileges have ever involved the question—what

to the subscribers' tickets cost the Hospital? All changes have been based on its imagined solution. Other Hospitals have tried to find what will satisfy the subscribers and the probable wants of their patients. At Newcastle one out-patient note is thought enough for one guinea, but no one supposes that the note costs that, or one-sixth of it. In Birmingham, one guinea buys ten such tickets, and the subscriber can get other notes for two shillings a-piece, which the patient may pay himself. This may be charity in the minds of some persons; to us it appears matchless wrong and folly.

18.—At the best, however, every modification of the privileged plan leaves it with many stains. The free mode is alone compatible with financial success, an orderly method of administration, and the strict allocation of charitable funds to the persons for whom they were designed. It is the only one based on true charity, on the demands of humanity, or upon right reason. All other systems are, in their inmost nature, unsound and false. They are perishing, as all such things must perish. But so long as the poor suffer from physical disorders, and so long as richer men are influenced by generous impulses to aid their fellows in their necessities, so long will a plan which brings the needed relief into the closest, the quickest, and the surest operation, command the sympathies of the good and claim the judgment of the wise.

19.—The General Hospital is a great saving in every way a great saving is effected. In the General Hospital this is effected. All arranged on a wrong method, and worse than all, the patient is compelled to get a renewed note, when the period of the first is expired. Very few, about half-a-dozen, of the provincial Hospitals exact this folly as regards in-patients. It springs from the radical defect of our views in Birmingham. The subscribers have been taught that they got so much on a particular scale. It is the patient wants more, the subscribers must find it. This is the theory. The good sense of committees continually insists in practice, so that they renew the term of the scale. But it is a plan upon the system, and is altogether peculiar to it. It has no place, of course, where the subscribers have no privileges.

20.—We must admit further upon these modifications of privileged admissions, though there is much more to be said. The spirit of the discussion in this town has completely demoralized a plain matter. That spirit has arisen from the Hospital laws, which debate that subscribers shall have the privilege of recommending in and out-patients according to the following scale. This scale is peculiar to the General Hospital and its local imitators. It has taught contributors to look for an exact equivalent for their money, which is not exactly a system of payment. Thus the system and truly painful debate upon limitation of privileges has ever involved the question—what

CHAPTER VI.

We have in successive articles showed the different financial methods of conducting Hospitals, and finally arrived at the conclusion, that in the case of an Institution possessing a small free income, and admitting a large number of urgent cases, there is but one mode in which financial success can be obtained, and that is by having a subscription list to which no privileges are annexed. It is as certain as a proposition of Euclid that the General Hospital could be kept out of debt, without the slightest change in its present plan, if no *medical* cases, excepting of the extremest urgency, were admitted as in and out-patients, unless they brought tickets. This plan is, in fact, in operation in Manchester. In that town an inherently vicious system, that of privileged admissions, is, as we have already said, worked to its natural issue with consummate wisdom. Accidents are admitted in large numbers. No Hospital could long exist that refused aid to them. But the admission of medical cases without tickets is rigorously restricted. If also in our own Hospital no incurable cases were admitted, no cases that, if curable, require other means and a longer time for their relief than an unendowed General Hospital can afford to yield, it would not be merely free from debt, there would be a considerable surplus. In 1860, 121 cases of pulmonary consumption were admitted into the wards; in 1861, 107 cases; in 1862, 88 cases. Any one who will look into the first column of the statistical table at the end of every report, will there see a very large number of cases put down under a word that signifies incurability, the great majority of which admit of no curative treatment—even of a surgical nature. Let our readers observe the effects of these contrasted procedures. On the one hand urgent medical cases are admitted in great numbers without tickets, and without a free income correspondent with that number. They are expensive from their nature; they consume large quantities of alcohol and other costly articles; they require a great staff of night nurses. On the other hand, the chronic incurable, or only partially relieviable cases, are admitted with tickets; and such persons generally like to remain up to a period very near the legal termination of those tickets. These are expensive from the time during which they continue in

the wards. They tend to heighten the figure which expresses the mean period of stay of all the patients during the year. Here, then, to use a familiar simile, the candle is burnt at both ends. The fault, as regards the chronic cases, is one of the many faults appertaining to the system of privileged admissions. If this were abandoned such cases would be enormously reduced in number, and the time of their stay would be still further reduced. They would be, in fact, detained only for special purposes, beside our present object to detail. Let it be closely noticed that the admission of such patients strikes at the root of the best established axiom in Hospital government—that it should ever contemplate, as its fixed aim, the doing of the greatest amount of good to the largest number. The circulation of a large number of patients through a small number of beds is the ideal of Hospital management, as regards science, relative economy, and humanity.

The fault as regards the admission of urgent medical cases without tickets at an institution essentially based upon a privileged subscription list is a noble fault. It is fatal to the success of the hospital system; but it must never be forgotten that the endeavour to effect all this good, with insufficient means, is not to be lightly censured. It is the expression of the natural rebellion of the hospital managers against a method which, in a moral point of view, has no redeeming feature. We feel ourselves unable to recommend that all such cases should be summarily excluded from the benefits of the Hospital. A case of inflamed lungs or acute rheumatism is at least as fit to be admitted as any simple fracture or burn. A case of fever is immeasurably more fit for admission than any surgical case whatever; for while the exigencies of the case stand on an equal footing with those of the severest accidents, the social necessities demanding its admission, and the consequent separation of the individual from the general population, are of the most imperious nature. How then can the good be done, and the wrong avoided? The answer to this question ever recurs—by a free admission.

Some persons dread the effects of a sudden withdrawal of the *right* of recommendation from the subscribers to the General Hospital. That fear is groundless. We are convinced that less than five per cent. of the list was originally subscribed with any view to obtain this privilege. We are equally convinced that for every gentleman who withdrew his subscription, should his privileges be abrogated, ten new subscribers would be obtained. The subscription list would be totally changed. A great number of persons of moderate means would contribute annually a small sum to the funds. Nothing succeeds in the long run which does not appeal to the sympathies, and bid for the support of the mass of the population. Here is the secret of the wonderful subscrip-

tion list of the Free Royal Infirmary of Edinburgh. Let no man be deluded into the notion that a free subscription list can be maintained side by side with one carrying privileges. Let all credit be given to the few persons who have subscribed to that list in the General Hospital; but no one conversant with the motives which operate upon mankind will anticipate that these two lists can live and flourish in the same institution. The free list, under such circumstances, must only be viewed as an intimation that its promoters know the right mode of conducting a Hospital, but shrink from making too violent a change in existing regulations.

We are now prepared to suggest a mode by which all the benefits of the existing system can be preserved, and the chief advantages of a free system obtained. In reference both to expense and to the enlarged utility of the Hospital, the in-patient department deserves incomparably the first attention. It would be attended with results of the highest importance, if an in-patient (at any rate) was only admitted on the merits of his case. The expenditure could be kept, without the slightest difficulty, within the income obtainable. The selection of the most proper cases would then become possible at all times. The number of persons allowed to participate in the utmost benefits the Hospital could give, would be vastly increased. So far from the Hospital requiring an extension, except of the Convalescent Institution, the managers would not be able, during a considerable portion of the year, to fill the existing beds with proper persons. Above all, by a stroke of the pen, at any moment, a ward, a wing, a department, or the whole hospital might be closed. Circumstances ever and anon arise in the history of all institutions when such a course as this is called for. The board of management should always possess this power, and vigorously exert it in spite of all opposition, let it come from what quarter it may.

In Worcester, as we have previously indicated, there is no distinction between in and out-patient notes. This contains the germ of uniformity. The subscribers to the Worcester Infirmary have for every guinea subscribed the right of recommending two patients in the year. The persons so recommended become in-patients in the following manner:—That persons duly recommended, and appearing to the committee and the receiving physicians and surgeons to be curable, and real objects of charity; (and to whose judgment it must always be left to determine as to the propriety of their becoming in or out-patients), be admitted at the Weekly Board. Thereupon follow provisions for the admission of accidents, at any time, without recommendation. In looking over the list of in-patients last year, we find that one-ninth of them were previously out-patients, the rest were admitted at once to the wards under the regulation just quoted.

It may be objected that persons applying to the Worcester

Infirmaries who come from a distance, have here no guarantee that they will obtain their object, namely, in-patient relief. There ought to be no guarantee for this; for the authorities, on any particular day, must exercise their right of selection; or the Hospital is abused. At the same time, admirable prudence is displayed in the regulations regarding due inquiries about the condition of the patients—and the forms supplied to meet every case, as well as the laws touching the admission and discharge of patients, merit high praise. In case of equal exigency, the preference is given to persons living at the greatest distance from the Charity. The regulations in reference to the *pecuniary fitness* of the applicants are very minute—but we shall devote another article to this branch of the subject.

The same enlightened principles and administrative ability are seen in the regulations of the Free Hospital of Edinburgh; and, as a printed copy of the complete regulations is not obtainable at this time, we shall now give some extracts from (them) taken from the last report:—

1.—No patient can be admitted into the Infirmary, if, upon examination by the medical officers, the case does not appear to them to require hospital treatment.

2.—If at any time all the applicants proper for admission cannot be received into the hospital at once, the selection of the patients who are to be admitted shall be regulated solely by regard to the relative urgency and severity of their ailments.

3.—Persons residing in the country who have sustained any severe injury, or who have been suddenly attacked with disease of an acute character, should be sent to the Infirmary without delay; but where the disease is one of long-standing, the patient should not be sent without previous communication with the officers of the establishment, to ascertain that the case is one suitable for treatment in the Infirmary, and can be admitted without excluding other cases of greater urgency.

This last regulation is carried out through the medium of a printed form, headed 'Patients in the Country.' It runs in these words:—

Gentlemen, I recommend for admission into the Royal Infirmary, residing at _____ in the parish of _____ and in the event of being admitted, I hereby engage to conform to the rules of the institution, and if required, to remove _____ from the hospital within forty-eight hours after receiving notice to that effect.—(Name, profession, or occupation, residence) _____ in full to be appended to this document.)

Here the claims of country patients are thoroughly cared for, their convenience is studied, and the feelings of those recommending them are not injured; at the same time, the genuine interests of the charity are carefully preserved.

Some gentlemen, whose opinions are entitled to respect, fear that the support of noblemen and distinguished country gentlemen

might be alienated from the Hospital, if they were deprived of the power of absolutely recommending patients for admission. This is a very futile dread. These eminent persons are the very last to abuse Charities. Their rule is to investigate closely cases of poverty and affliction in their own localities, and relieve accordingly. It is an easy process in rural districts, and they would be the first to welcome the application of just principles of relief to great Institutions, where alone effective inquiries can be made, not by individuals, but by a special machinery. We repeat, with every confidence, that no fear need exist in the minds of the General Hospital Governors that any obstacle to a just system of Hospital management will spring from country houses.

Let, then, the in-patients be selected from those applying for relief either in person or by letter, and let that selection be exclusively based on the *relative fitness* of the applicants. What should be the first machinery through which a patient approaches the Hospital? Should it be by means of a simple recommendation from two householders, or of a note, given only by persons subscribing a certain amount—or, finally, by means of such a note given by any two persons contributing, however small a sum, annually to the institution? In our next article we shall give reasons for adopting the last of these three courses, based partly on experience, and partly on *a priori* argument. In the meanwhile we request our readers not to become alarmed at the prospect of a vast number of out-patients being added to the already enormous figure just published in the auditors' report. We are of those who think that this out-patient evil has increased of late, is increasing, and must be diminished. It is demoralising the lower classes of this town. It is shamefully injuring the general practitioners outside the Hospital, whose merits and rights are not less worthy of being considered than those of the general practitioners on its surgical staff, in spite of the official insinuations of the just published report. It will surprise those who have not considered the matter to learn that the larger the number enjoying the right of signing a Hospital note, the more imperative will be the necessity for selection, both as regards medical and pecuniary fitness. The smaller the number, the more restricted the privilege—so much the more deference will be bestowed upon that privilege. The larger the number, the less the restriction of the privilege—so much the more attention must be paid by the Hospital authorities to the selection of cases, for their own protection. A machinery, therefore, must be brought into use for this purpose, to which we shall draw attention in our next article.

As the responsibility of more responsible persons has been forced upon the directors of the Hospital for children in this town by their having the pain to observe that but little attention is bestowed by the signers upon

CHAPTER VII.

We offered reasons, last week for Hospitals being regulated in such a manner as to insure that the in-patients, at least, be exclusively admitted on grounds of relative medical fitness. We advised that every applicant for any form of relief should be admitted under one definite machinery; and that his further destination should be governed by intrinsic considerations only; the judgment upon which should be pronounced within the Hospital walls. Among the many plans in existence in various institutions for carrying out this system, we believe the following to be the best:—

Let each annual contributor, however small his contribution, be entitled to sign a ticket setting forth the usual facts—as age, name, and residence, &c., and especially the earnings and number in family. To insure attention to these facts, let it be essential that the ticket be signed by two contributors, who shall be bound to affirm that they have a personal knowledge of the parties. No subscriber should have these tickets in his possession; they should be applied for at the Porter's Lodge, as they are wanted. They are not notes of recommendation, but forms of admission. Persons residing in the country must obtain them at the hospital gates either by personal application or through friends. No ticket should hold good for more than three days, excluding the day of its being obtained. By these provisions the claims of country patients will be fairly met; excessive office-work and postage will be obviated; a definite document, signed by two responsible persons, will be registered in the hospital archives; above all, whenever it may be necessary, the authorities can lessen the labour and expense of the administration by a single resolution. In Edinburgh, as we have previously declared, any householder can sign these forms, but we have shown that the great mass of the respectable householders in that city contribute something to the Hospital, and every man signing them guarantees the removal of the patient, and, if need be, his burial. On the other hand, the advisability of the signature of more responsible persons than mere householders has been forced upon the directors of the Free Hospital for Children in this town, by their having the pain to observe that but little attention is bestowed by the signers upon

the facts to which they subscribe their names. The annual contribution offers a better guarantee for this in many ways. It may be observed, however, that the peculiar conditions of the Hospital for Children render it impossible, for the present, to place any restrictions on the signers of the forms, for, above all things, it is essential *there* that the patient should be brought as soon as possible, and with as little trouble as possible, under the care of the institution. Apart from the general advantage of having these forms filled up by contributors, there is the special one, that it will tend to diminish the number of patients. It need scarcely be observed that every case of accident or positive emergency must still, as ever, be at once admitted; but the subjects of them will not be allowed to continue as patients, unless they obtain the prescribed form.

It is our confident belief that the plan just proposed could be carried out with the utmost facility, that it would obviate many evils, and that its tendency would rather be to diminish than to increase the number of out-patients. Should such not prove to be the case, the hospital authorities can impose a limit, either in reference to time or to number, which will check, at a blow, their too considerable augmentation. The plan, however, would be incomplete if we stopped here.

The Hospital Managers are bound to take every precaution that the funds intrusted to them are spent on proper persons. They are equally bound to consider the welfare of the commonwealth, and not to frustrate the aims of legislators and philanthropists by encouraging a spirit of dependence and improvidence among the lower classes. They are bound to consider the rights of the medical profession, and not to make a hospital a gigantic benefit club, with privileged recommenders, gratuitous doctors, and well-to-do patients, with nothing to pay. Once for all, we declare that a hospital committee cannot honestly place these responsibilities upon other shoulders outside the walls. Still less have they a right to place the labour of inquiring into the pecuniary fitness of applicants upon their medical officers. This is not work for the brains of a physician, but of a clerk. It is always bad policy to employ unnecessary force for anything. Besides, a medical man should only be known to his patient as such. He is neither a clergyman nor a relieving officer. But it may be objected, How can a line be drawn which shall include proper, and shut out improper persons? To which we answer, how is it effected by the officers of the Poor Law, themselves acting under its inflexible regulations? Starvation is a more serious evil than disease. It is more painful to haggle about the point of hunger than about the pecuniary margin beyond which a sore leg shall not be treated in Summer Lane. There may not be a man alive who will, on any consideration, give a loaf of bread to the poor creature repulsed

from the big doors of Paradise Street, because she is told that she is not quite poor enough for relief. The owner of a sore leg can get excellent advice and medicine for three weeks for three shillings and sixpence, from at least forty practitioners in this town. If a man, he can obtain at all times, in all circumstances, the best attention from surgeons of the first order—for fashion does not constitute a surgeon—by merely paying a few coppers per week. The hospital system of this and other great towns is striking a fatal blow at the provident habits of English artizans, and offering an indirect inducement to drunkenness, play Mondays, and general laziness. The club system of England is perhaps one of the most characteristic of her social institutions. Providence, self-respect, honest pride, equal co-operation, the geniality of once merry England, self-government—all are seen here, as in a microcosm. Only very lately has this noble and beneficent system of supplying medical aid and pecuniary support to the sick artizan been imitated in Continental countries, where it is now making great progress, especially in Germany. No hospital deserves to live that interferes more than is absolutely necessary with this machinery. Whatever tends, however remotely, to impair the independence of our artizans, is to be restrained by every means, for Englishmen have made England great.

Let us now suppose that a form of admission duly signed is presented at the Hospital. The applicant appears before a clerk (sixty pounds a year will purchase the services of such an officer), and now begins a serious inquiry on behalf of the Hospital, of the pecuniary fitness of that applicant. Let us suppose, as in the great majority of cases, that the individual desires to be an out-patient, and that his case admits of this, the problem to be solved is—can or cannot this person afford to *pay for medical attendance and medicine*? We have not here to deal with subsistence, as is very carefully laid down in the laws of many British Hospitals. If the person is a bachelor or spinster, getting one pound a week, that individual is not a fit object of the Charity—barring certain exceptions to be hereafter mentioned. If the person be a married man, with a family, the question must involve the consideration of the number of the family, and the *total amount of their combined earnings*. In the laws of the Royal Berkshire Hospital we find the following notice, page 41:—Persons whose income or earnings amount to 18s. per week are not admissible as out-patients, except under special circumstances, to be stated to the Board.' We do not pretend for one moment that 18s. would represent the same amount of comfort in Birmingham as in the villages of Berkshire. But the principle is correct. A money maximum *can* be laid down in the administration of Hospital relief. We suggest that a person obtaining, *at the time of application*, 25s. per week, and having no more than two children, is not a fit object of this form

of charity. Should there be a larger family than this, we suggest that 28s. or 30s. is the maximum beyond which no person, under ordinary circumstances, shall be allowed to be an out-patient. Should the applicant keep a shop or have other people in his employment, let such person be excluded from the relief, unless one of the contributors signing his form give a separate guarantee that he personally knows that applicant to be unable to pay for medical advice and medicines. Persons in the receipt of parish relief are already provided for by the rates. Let them be excluded. Let apprentices be excluded whose masters are in a position to pay for them.

The effect of these arrangements would be the halving of the out-patients and the abolition of a frightful social wrong. It has been forgotten of late days, that Hospitals were not designed for every sort of case that chooses to apply, but for important cases—such as have already, for the most part, engaged the attention of medical practitioners, perhaps for months or years; or such as, from their severe nature and other peculiarities, demand more than ordinary skill and attention. They were never intended to supplant the private surgeon or to supplement the workhouse, but to aid the efforts of medical men to cope with the maladies occurring in a population consisting of poor persons just above the condition of actual pauperism. It has been, indeed, most justly said of them, that their great function is to give to the deserving poor those advantages, as regards obtaining the opinion of the most experienced physicians and surgeons, which otherwise would be monopolized by the rich. Now, probably, about three-fifths of the whole number of out-patients are cases of the most ordinary nature—applying direct to the Hospital—without previously seeking advice elsewhere—making use of its funds as other men make use of their club surgeon. The remaining two-fifths are important cases, requiring and seeking the best opinion, probably sent by their own medical attendants, or, at any rate, coming with their concurrence. These cases would take up all the time for their proper investigation that is now diffused, in so much hurry and excitement, over the vast mass.

But how is the machinery above described to be brought to bear upon persons who may be well able to pay their regular attendant, and who may, in fact, for months have paid him—but still the case is unrelieved—possibly unrelievable, and they are unable to pay the heavy fees of consulting practitioners? Here the maximum must be different; and it will become the duty of the Clerk to examine into the facts, and state them on the form for the information of the medical officer, and of the House Committee. The best attainable security now would be the certificate of the last medical attendant. This ought to suffice without further inquiry, for his interests and his knowledge alike guarantee the fitness of the applicant.

As regards the in-patients, it must be recollected that maintenance, a great staff of nurses, &c., are in question, over and above advice and medicine. In-patients should, then, as a rule, be infinitely more important, medically, than out-patients. Only the most serious cases, but admitting of substantial relief or cure in a moderate space of time, should be admitted. In a pecuniary sense, those only should be admitted who cannot support themselves and pay for advice, medicine, apparatus, &c. while their cure is taking place. Hence a person might be a proper recipient of in-patient benefits who has no title to be an out-patient—the cheapness of medical advice, &c., being an important element to be considered in reference to this latter category. But the question of the *nature of the case* is far more important here than among the out-patients. If a person is suffering from an accident, from a surgical ailment requiring a difficult operation, from an acute or protracted malady difficult to control, and requiring all the aids for its management, to be found only in Hospitals or in the houses of the rich, he may be a fit object of charity, though earning more than 25s. a week; for let it be carefully noted that we are supposing a case, and there are many hundreds such admitted into the wards of the General Hospital yearly, which instantly cuts off those earnings, and which possibly cuts them off for three or four months. In consideration of the skill of the officers, the experience of the nurses, the cost of the apparatus, and the other aids, such as baths, &c. peculiar to Hospitals, let a certain latitude be permitted, in a pecuniary sense, to in-patients labouring under ailments of genuine severity, and fairly requiring this valuable machinery. But in the event of persons being admitted to all these benefits obtaining perhaps five guineas a week, or keeping a shop or beerhouse whose profits amount to £200 or £300 a year, and *which go on while they are in the Hospital*, let the regulations be such as to enable the Committee to charge the patients for their maintenance and drugs, even if they give without payment the abilities of their able and honourable staff, the services of their kind and experienced nurses. This will startle those of our readers who have yet to become acquainted with the rudiments of Hospital management; but we ask them to suspend their judgment until they have read the minute precautions taken in the Scottish and in the great majority of English Hospitals to provide for these very contingencies. On the first page of the statutes of the General Hospital is to be found its title, 'General Hospital Birmingham, for the Relief of the Sick and Lamé Poor, from whatever county recommended.' These are noble words. Its proper objects are the poor and necessitous; but it is sometimes undeniably right to admit as in-patients those who are not poor. They are sometimes inadvertently admitted. The charity ought not to suffer from such admissions. The money intended

for the poor ought not to be diverted to the use of others. Let such persons, then, or their masters, be called upon to pay the cost of their cure, on the basis just set forth.

There are many other details which do not belong to a discussion in these columns—but let the governors of the Hospital be well assured that there is no difficulty in carrying out these principles into practice—that if they will it—every impediment would instantly disappear. It is our duty to tell them that the authorities of some of the greatest hospitals in England are keenly watching this movement, and have exhibited an interest in the discussion which the arrangements of our office have not enabled us hitherto to satisfy. It is felt that something greater than a reform of the Birmingham Hospital is at stake, something greater than any Hospital reform. An important social problem has long demanded solution, for some of the wisest of this generation have long since arrived at the conclusion that our medical charities, in spite of their humane aims, have, on the whole, done nearly as much harm as good. It is now felt that their doors must be closed against improper persons, or closed altogether, for the medical attendance can be obtained by another machinery, and the wrong is at present peculiar to hospitals. We ardently trust that the gentlemen engaged in investigating the whole matter, will fully apprehend how great an epoch in social science they have now the power to inaugurate—how glorious a period in the history of our Birmingham Hospital they have now the power to open.